

PRINTED: 05/14/2015  
FORM APPROVED

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL035024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  04/22/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FRANKLIN MANOR ASSISTED LIVING CENTER

100 SUNSET DR  
YOUNGVILLE, NC 27596

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments  Report of a Biennial Construction Survey by Ed Miller on April 22, 2015.  This facility was first licensed or submitted for licensure as a Home for the Aged serving 54 residents, on July 9, 2013. Therefore the facility must meet the 2005 Rules for the Licensing of Adult Care Homes, and, the 2012 North Carolina State Building Code, Group I-2  Physical plant deficiencies were noted which require a plan of correction.	C 000	Attached 2 page POC w/ 2 page of Building Inspection Report          CONSTRUCTION SECTION MAY 28 2015 RECEIVED	
C 111	Must Have Current San. & Fire Safety Reports  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director/Maintenance Director/Manager of the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections. Findings on April 22, 2015: a. Manager indicated the Annual Building Sanitation Report was not available for review, b. Manager indicated the Annual Kitchen Sanitation Report was not available for review, c. Manager indicated the Annual Fire Officials Report was not available for review.	C 111		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

By *Lyly Clark* TITLE *Executive Director*

(X6) DATE 5/27/2015

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C 150	Continued From page 1	C 150		
C 150	Corridors-Free of equipment and Obstructions  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.  This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path from the resident rooms to the outside. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on April 22, 2015: a. The left back eight-foot wide corridor had a four-foot table placed in the corridor during a musical event. Deficiency corrected before Construction Surveyor departed the site.	C 150		
C 185	Fire Safety-Rehearsals on Each Shift  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.	C 185		

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C 185	Continued From page 2  This Rule is not met as evidenced by: 1. Based on Record review, and interview with Executive Director/Maintenance Director the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not having trained staff and cooperative residents when a there is a need to evacuate the building. Findings on April 22, 2015: a. Manager indicated the fire rehearsal log was not available for review.	C 185		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings in the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a timely manner and cannot contained fire in the Room or compartment of origin. Findings on April 22, 2015: a. The fire sprinkler escutcheon plate had	C 189		

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C 189	<p>Continued From page 3</p> <p>dropped down from the ceiling at the following locations to include but not limited to:</p> <ul style="list-style-type: none"> <li>i. Beauty Shop.</li> <li>b. The fire sprinkler escutcheon plate did not cover the complete hole through the ceiling at the following locations to include but not limited to:</li> <li>i. TV Room Closet.</li> </ul> <p>2. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.</p> <p>Findings on April 22, 2015:</p> <ul style="list-style-type: none"> <li>a. There was gaps around a copper ground wire that penetrate through the fire resistance rated ceiling assembly at the following locations to include but not limited to:</li> <li>i. Data Room.</li> </ul> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed.</p> <p>Findings on April 22, 2015:</p> <ul style="list-style-type: none"> <li>a. Per the semi-annual maintenance tag, the commercial kitchen hood's fire extinguishing system was last maintained in June 2014.</li> <li>b. Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in July 2014, there has been no record keeping of the monthly inspections.</li> </ul>	C 189		

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**FRANKLIN MANOR ASSISTED LIVING CENTER****100 SUNSET DR  
YOUNGSVILLE, NC 27596**

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C 189	Continued From page 4  4. Based on Observation, the Building was not maintained in a safe and operating condition, because, some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on April 22, 2015: a. Corridor door to the left side Med Room was blocked open with a med cart, b. Corridor door to the left side Med Room was wedged open.  5. Based on record review, and interview with Executive Director/Maintenance Director/Manager of the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections. Findings on April 22, 2015: a. Manager indicated the Annual Fire Alarm System Report was not available for review. b. Manager indicated the Annual Sprinkler System Report was not available for review.	C 189		
C 199	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage;	C 199		

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NAME OF PROVIDER OR SUPPLIER  FRANKLIN MANOR ASSISTED LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNSET DR YOUNGSVILLE, NC 27596			
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C 199	<p>Continued From page 5</p> <p>(2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on April 22, 2015: a. The system exhaust did not remove the required CFM's of ventilation from the following locations to include but not limited to: i. Left side Nurse Station Toilet Room.</p> <p>2. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not having ventilation in areas where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on April 22, 2015: a. There was no ventilation to the following locations to include but not limited to: i. Public Women Toilet Room.</p>	C 199			

Franklin Manor Assisted Living Center – HA  
FID# 110290 HAL035024  
Biennial Survey  
100 Sunset Drive, Youngsville NC 27596  
Franklin County

Angela Wright-Currin, Executive Director  
Regarding: Plan of Correction from survey 4/22/2015

**C 111 Must Have Current San. & Fire Safety Reports**

On date of survey it was Executive Directors 2<sup>nd</sup> day at property – upon locating Annual Kitchen Sanitation Report and Annual Fire Officials Report on 4/24/2015 – faxed to ED Miller w/ DHSR. Located Annual Building Sanitation Report and is attached w/the POC.

Executive Director will maintain a notebook that will hold all Inspections/Surveys going forward to have readily available for Inspectors/Surveyors by 6/30/2015.

**C 150 Corridors – Free of Equipment and Obstructions**

Staff had moved 4ft table in corridor to make room for an activity. Maintenance removed table from corridor on 4/22/2015.

Community will have an ALL Staff in-service re: proper place to store tables as not to obstruct pathway/halls/corridor by 6/30/2015

**C 185 Fire Safety-Rehearsals on Each Shift**

On day of survey it was Executive Directors 2<sup>nd</sup> day at property. Upon locating Fire Drill Log for Sept. 2014 as requested was faxed to Ed Miller w/DHSR.

Executive Director will maintain a notebook that will hold all Inspections/Surveys going forward to have readily available for Inspectors/Surveyors by 6/30/2015.

**C 189 Building Equipment Maintained Safe, Operating**

The fire sprinkler escutcheon plates were impaired. They were repaired on 4/24/2015 in all areas.

Maintenance Director will inspect fire sprinkler escutcheons throughout building on a monthly bases – this began on 4/24/2015 – documentation will be kept in the Inspection/Survey Binder.

2a – Data Room copper ground wire was put in place and area sealed on 4/22/2015

3 – Dining Coordinator/Executive Director will assure semi- annual maintenance of commercial kitchen hood and monthly inspections are set up w/ Vendor and start no later than 6/30/2015

4 a b – All Staff In-service – Re: Corridor/Med Room doors – at no time shall they be blocked or wedged open will be conducted by 6/30/2015

5 a b – Executive Director's 2<sup>nd</sup> day on property at time of survey – located Annual Fire Alarm System Report & Fire Sprinkler System Report – faxed to Ed Miller w/DHSR on 4/24/2015.

Franklin Manor Assisted Living Center – HA  
FID# 110290 HAL035024  
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100 Sunset Drive, Youngsville NC 27596  
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Angela Wright-Currin, Executive Director  
Regarding: Plan of Correction from survey 4/22/2015

Cont. of 5 a b - Executive Director will maintain a notebook that will hold all Inspections/Surveys going forward to have readily available for Inspectors/Surveyors by 6/30/2015.

**C 199 Exhaust Ventilation**

1 i –Left side Nurse Station Toilet Room exhaust system was repaired on 4/24/2015  
2a i - Exhaust fan to be installed in the Public Womens Toilet room – vendor has been contacted and installation to be complete prior to 6/30/2015.

Maintenance will monitor going forward to assure all exhaust systems are functioning properly and record of monitoring to start June 2015.

Submitted : 5/27/2015 by Angela Wright-Currin, Executive Director of Franklin Manor



# Food Establishment Inspection Report, continued

Establishment Name: Franklin ManorEstablishment ID: 035400010

## Instructions, continued:

5. Click the appropriate circle to fill-in for "IN, OUT, N/A, N/O".

IN=In Compliance, OUT=not in compliance  
N/O=Not Observed, N/A=Not Applicable

6. Click or check the appropriate boxes for CDI and/or R, VR.

CDI= Corrected During Inspection  
R=Repeat Violation  
VR=Verification Required

Calculate the "Total Deductions" and record.

7. Sign and complete "Signature Block".

8. Fill in "No. of Risk Factor Intervention Violations" and "No. of Repeat Risk Factor Intervention Violations".

9. Continue to page 3 for "Comment Addendum to Food Establishment Inspection Report".

## Signature Block:

Person in Charge (Print)

Brian J. Jones

Person in Charge (Signature)

Charles Valentine

Regulatory Authority (Print)

Charles Valentine

Regulatory Authority (Signature)

Contact Number: 496-8100

Verification Required Date: \_\_\_\_\_

EHS ID: 2293

No. of Risk Factor/  
Intervention  
Violations: \_\_\_\_\_

No. of Repeat Risk  
Factor/Intervention  
Violations: \_\_\_\_\_

## Good Retail Practices

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

### Compliance Status

	OUT	CDI	R	VR
<b>Safe Food and Water</b> .2653, .2655, .2659				
28 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required	0 0 0		
29 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Water and ice from approved source	2 1 0		
30 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Variance obtained for specialized processing methods	1 0 0		
<b>Food Temperature Control</b> .2653, .2654				
31 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	0 0 0		
32 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O	Plant food properly cooked for hot holding	1 0 0		
33 <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input checked="" type="radio"/> N/O	Approved thawing methods used	1 0 0		
34 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate	0 0 0		
<b>Food Identification</b> .2653				
35 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Food properly labeled; original container	2 1 0		
<b>Prevention of Food Contamination</b> .2652, .2653, .2654, .2656, .2657				
36 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects & rodents not present; no unauthorized animals	0 0 0		
37 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display	2 1 0		
38 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness	0 0 0		
39 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Wiping cloths: properly used & stored	1 0 0		
40 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables	0 0 0		
<b>Proper Use of Utensils</b> .2653, .2654				
41 <input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils: properly stored	0 0 0		
42 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled	1 0 0		
43 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Single-use & single-service articles: properly stored & used	0 0 0		
44 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Gloves used properly	1 0 0		
<b>Utensils and Equipment</b> .2653, .2654, .2655				
45 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2 1 0		
46 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; heat strips	0 0 0		
47 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean	1 0 0		
<b>Physical Facilities</b> .2654, .2655, .2656				
48 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure	0 0 0		
49 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Plumbing installed; proper backflow devices	2 1 0		
50 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Sewage & waste water properly disposed	2 1 0		
51 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned	1 0 0		
52 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	1 0 0		
53 <input type="radio"/> IN <input checked="" type="radio"/> OUT	Physical facilities installed, maintained & clean	0 0 0		
54 <input checked="" type="radio"/> IN <input type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used	0 0 0		
<b>Total Deductions:</b>				

